

(AGENCY USE Date Application Received: _____)

Connecticut Department of Public Safety
Division of State Police
DPS-688-C (Rev. 1/05)

WARNING: Applicants: Failure to give complete and accurate information will result in the denial of registration
Employers: Incomplete applications will be returned
ALL APPLICATIONS MUST BE TYPED!!!

EMPLOYER INFORMATION

APPLICATION FOR REGISTRATION OF EMPLOYEE FOR: _____ Security Officer _____ Investigator

1. Agency Name: _____ Date: _____
2. Agency Address: _____
Street City State Zip
3. Agency Phone: () _____ Agency License Number: _____
4. On _____ I informed the applicant of Public Act 04-192.
(day/month/year)

Signature of Licensee or Designee

Print Name/Title

Security Officer Identification Card #: _____

Applicant Information For Security Officer/Investigator

5. Name: _____ Date of Birth: _____
LAST FIRST MIDDLE
6. Social Security Number: _____ - _____ - _____ Telephone No.: () _____
7. Resident Address: _____
Street City State Zip
8. Birthplace: _____ U. S. Citizen: ___ Yes ___ No Alien Registration No.: _____
City State
9. If Naturalized: Where: _____ When: _____
10. Height: _____ Weight: _____ Hair: _____ Eyes: _____
11. Previous address for the past three years:

12. Previous employment-include occupation, names and addresses of employers for the past 5 years.(Use additional paper if needed).

INCLUDE 2X2 PHOTO
WITH AND WITHOUT
HEAD COVER

EMPLOYER	ADDRESS	START DATE	END DATE	TELEPHONE NO.

13. Have you **EVER** been convicted in any court of any crime? ___ Yes ___ No If yes, list all convictions, including charges, location, date of arrest and disposition. Also, list **ALL** pending (and Nolled-within the past 13 months- charges). Use additional paper if needed:

DATE	CHARGE/VIOLATION	LOCATION (Town/State)	DISPOSTION (Fine/time served/probation)

Any false statement on this application is punishable by law under PA 04-192 and C.G.S. 53a-157. You could be fined \$5,000 or imprisoned for not more than one year or both.

Signature of Applicant

State of Connecticut

County of _____ Town _____

Personally appeared _____, Signer of the forgoing application and made oath to the truth of the matters therein, before me.

Signature

Printed name/title
Notary Public, Justice of the Peace
Commissioner of the Superior Court

My commission expires: _____

FOR AGENCY USE ONLY

This application is: Approved/Date: _____ Denied/Date: _____

Reviewed by: _____
Signature Badge Number Print Name/Title/Badge Number

REASON FOR DENIAL:

- ☐ Incomplete/Incorrect Information on Application:
Item No:
- ☐ Criminal Record (Felony)
- ☐ Incomplete/Incorrect Information on Fingerprint Cards
- ☐ Non-conforming/Unclear Photographs
- ☐ Fingerprint Cards Rejected by S.P.B.I.
- ☐ Other: _____
- ☐ Criminal Record (MISDEMEANOR)